



## Study Group Proposal Form

Thank you for your interest in leading an OLLI study group this fall! Please complete the following form and submit it to the OLLI office no later than May 10, 2021 (you are welcome and strongly encouraged to submit your proposal earlier!). We will respond to your proposal ASAP. **Please note that this proposal is for an ONLINE class only; we've moved to virtual programming for Fall 2021.**

Proposals can be submitted via U.S. mail to the address above or via email to: [julieba@umich.edu](mailto:julieba@umich.edu)

### Proposed Study Group Title

Your Name  
Address  
Phone  
E-mail

### Description of Event for Catalog:

Please describe your study group, including: what participants will get out of this study group, general topics to be covered, teaching format (discussion, lecture, etc.), any reading materials to be purchased by participant, any course materials required, etc. Include 1-2 sentences about yourself and your background as it relates to the course topic.

***Please limit to 100 words or less.***

### Format (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Lecture              | <input type="checkbox"/> Demonstration        |
| <input type="checkbox"/> Readings             | <input type="checkbox"/> Discussion           |
| <input type="checkbox"/> Active participation | <input type="checkbox"/> Visual media viewing |

### How often will this class meet?

- ☐ Once a week  
☐ Other (specify) \_\_\_\_\_

### How many times will this class meet?

### How many hours will each class meeting last?

- ☐ 1.5 hours  
☐ 2 hours  
☐ Other (specify) \_\_\_\_\_

**Please continue on pg. 2**

**What is your preferred start date** (earliest start date - 9/20/2021)? **1<sup>st</sup> Choice** \_\_\_\_\_  
**If flexible, please provide more than one choice.** **2<sup>nd</sup> Choice** \_\_\_\_\_  
**3<sup>rd</sup> Choice** \_\_\_\_\_  
☐ No preference

**What is your preferred end date** (latest end date – 12/17/2021)?  
 \_\_\_\_\_ ☐ No preference

**What are your preferred days of the week?**  
 (check all that apply; please be flexible)

<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> No preference

**What is your preferred time of day?**

<input type="checkbox"/> Morning
<input type="checkbox"/> Early Afternoon
<input type="checkbox"/> Late Afternoon
<input type="checkbox"/> Evening (dependent upon availability)

**What is your minimum number of participants?** \_\_\_\_\_

**What is your maximum number of participants?** (not to be exceeded) \_\_\_\_\_

**Are there any prerequisites for the participants? Please describe:** \_\_\_\_\_

**Will your class be doing any of the following virtually?**  
☐ Playing videos   ☐ Playing audio   ☐ Sharing PowerPoint slides   ☐ Other (specify): \_\_\_\_\_

**Category:**

<input type="checkbox"/> Art and Architecture	<input type="checkbox"/> Literature, Poetry, and Drama
<input type="checkbox"/> Current Events, Law, Policy, and Politics	<input type="checkbox"/> Music, Theater, and Film
<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Religion, Philosophy, and Spirituality
<input type="checkbox"/> Group Facilitation	<input type="checkbox"/> Science and Mathematics
<input type="checkbox"/> History and Culture	<input type="checkbox"/> Social Science
<input type="checkbox"/> Hobbies, Games, and Sports	<input type="checkbox"/> Technology
<input type="checkbox"/> Investing, Economics, and Finance	<input type="checkbox"/> Writing

**Have you previously taught an OLLI course?**   ☐ Yes (Please specify years and course names) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
☐ No

**Are you interested in attending a Group Facilitation Training seminar in August?**   ☐ Yes   ☐ No

**How did you hear about leading an OLLI study group?**   ☐ Friend/acquaintance/OLLI member  
☐ Flyer seen elsewhere (specify where) \_\_\_\_\_  
☐ Email   ☐ OLLI website   ☐ Flyer seen at a lecture  
☐ Other (please specify) \_\_\_\_\_

**Any questions? Please contact:**   **Julie Brown, OLLI Administrative Assistant**  
**OLLI at the University of Michigan**  
**A program of the Geriatric Center**  
[julieba@umich.edu](mailto:julieba@umich.edu)   **734-998-9351**

